

Case Number:	CM13-0025464		
Date Assigned:	11/20/2013	Date of Injury:	11/21/2012
Decision Date:	01/16/2014	UR Denial Date:	09/08/2013
Priority:	Standard	Application Received:	09/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractic, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the medical records, the injured worker is a 31 year old man with chronic low back pain due to an injury that took place on 11/21/12. Previous treatments included chiropractic, acupuncture, and physical therapy. A report dated 8/19/13 and signed by [REDACTED] revealed exacerbation of lower back pain (9/10) while performing his activities of daily living (ADLs). Examination was notable for restricted lumbar movement, fixation at T9, T11, L2, L5, and right ilium; paraspinal muscle hypertonicity in the lumbar and gluteal muscles bilaterally; and +2 spasm in the thoracic and lumbar spine musculature with spinous tenderness at the T/L junction and at L4-S1. Lasegue's test was positive on the right, and Milgram's test was positive with diffuse weakness and pain. His range of motion was decreased in lumbar flexion and extension with pain. Diagnoses include lumbar sprain/strain, thoracic sprain/strain, muscle spasms, sciatica, and lumbar disc displacement.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Chiropractic visits #6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: Review of the medical records show that this is an exacerbation or flare-up on the patient's low back pain. The California MTUS guidelines recommend 1-2 visits every 4-6 months for flare-ups; therefore, the request for six chiropractic visits with physical therapy is not medically necessary.